

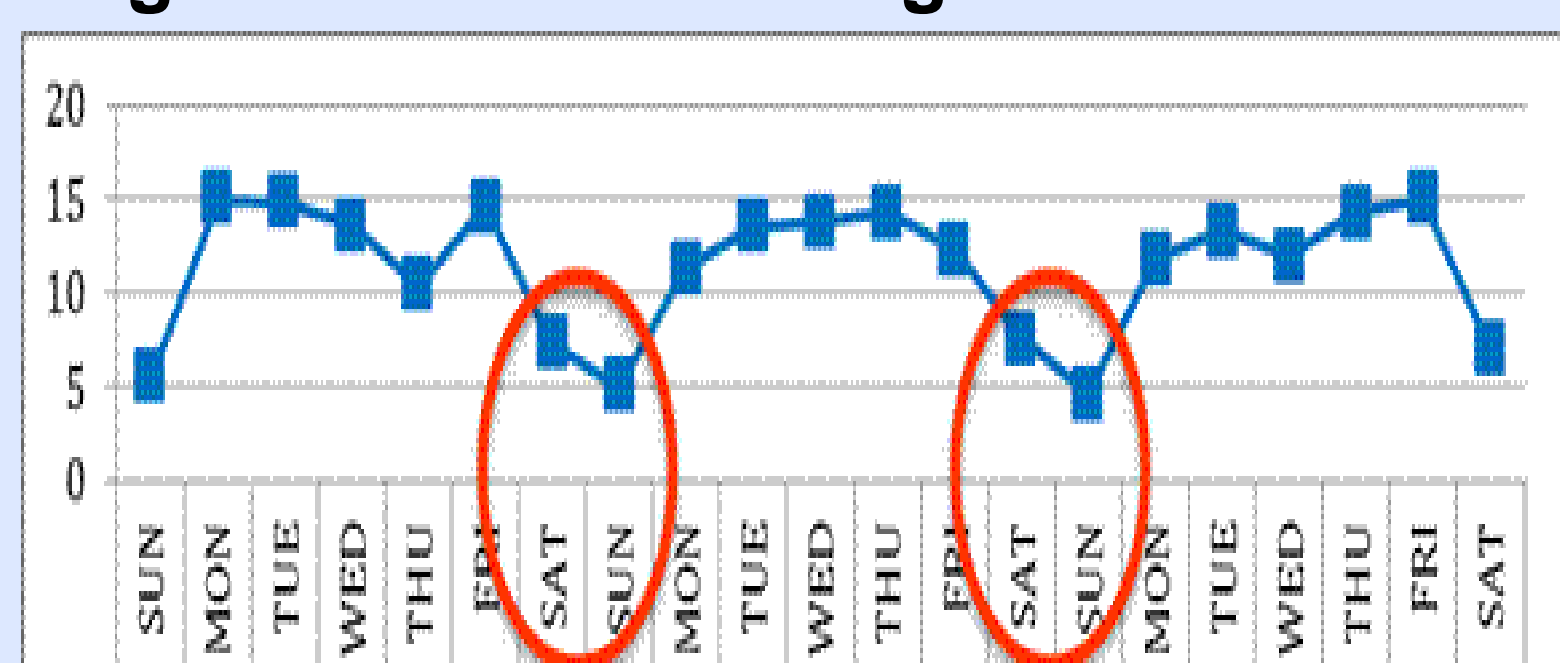
A Collaborative Team's Approach to Standardizing Discharge Processes

Driving Unit 58/68 Discharges to be Patient Centric

Background:

South Health Campus is at 100-117% capacity on a daily basis, meaning we are routinely overcapacity. While the team is providing excellent care, they are not working on a shared discharge vision and are lacking a smooth discharge process. This impacts time of discharge, 60% (145 out of 244) patient discharges are occurring after 12:00, and day of discharge, only 17% (41/214) of discharges occurred on the weekend. This impacts patient LOS, time to discharge & patient wait times, leading to patient/family distress in addition to increased stress on clinical teams and a cascade result affecting our ED with an upward trend of increasing Emergency Inpatients.

Figure 1: SHC Discharges Jan-Mar 2015



Opportunity

- Develop & implement a discharge model for two units:
- Develop Anticipated Date of Discharge (ADOD) and Conditional (CDO) Discharge Orders processes & guidelines;
- Develop process for physicians to complete CDO;
- Enhance rounds frequency to 7 days

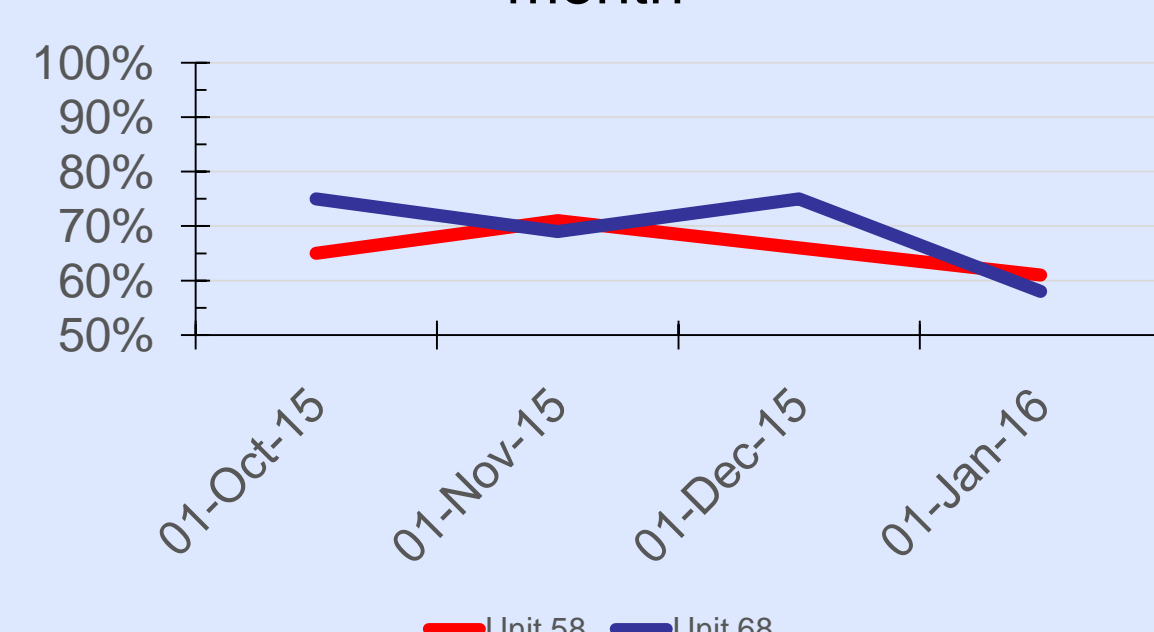
Initial Findings:

- Staff unaware of 11am discharge goal
- Patient/family unaware discharge unit goal

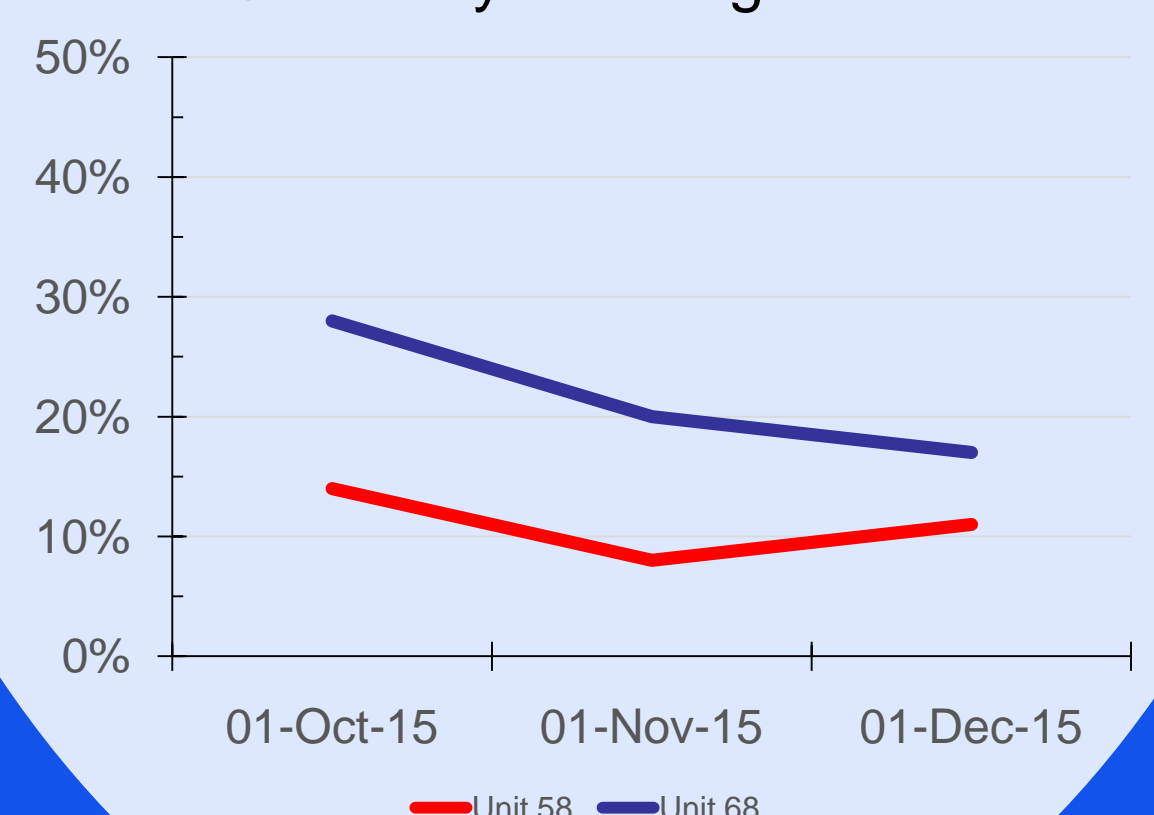


Baseline Data

Percentage of Visits with 1 or more ADOD Orders within 24 hours of admission by discharge month



Percentage of Visits with 1 or more Conditional Discharge Orders by discharge date



Act To Improve

PDSA cycles on improving ADOD, RAPID Rounds efficiency, CDOs, team education, documentation tools.



ADOD and CDO process mapping; guidelines developed; education completed; "Help sheets" created to promote the process.

C.D.O.
Conditional Discharge Order

Tidbits

CDO's are used as a proactive planning tool to enhance efficiency of discharging patients and alleviating capacity constraints within acute care settings.
When a patient's ADOD is <5 days the most responsible care provider should consider the appropriateness of entering a CDO
When writing the CDO, Physician or the most responsible care provider should consider updating the discharge summary and any prescriptions required at discharge.
CDO's are activated in SCM by the bedside Nurse or Nurse Clinician once the identified outstanding conditions have been met.

RAPID Rounds

improvements included help sheets for nurses to improve patient presentation, real time documentation, education, creation of champions, mentoring, leadership presence during rounds.

Results to date:

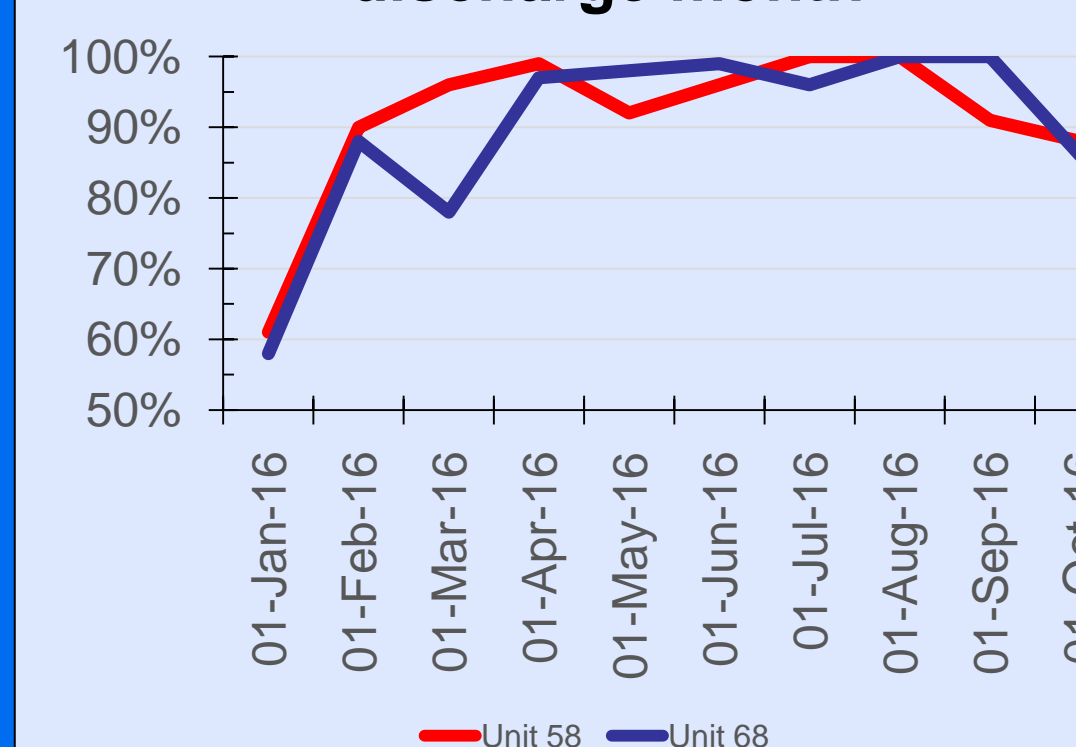
The concept of ADOD and CDOs has been integrated into daily round discussion.

ADOD is updated on every patient every day;

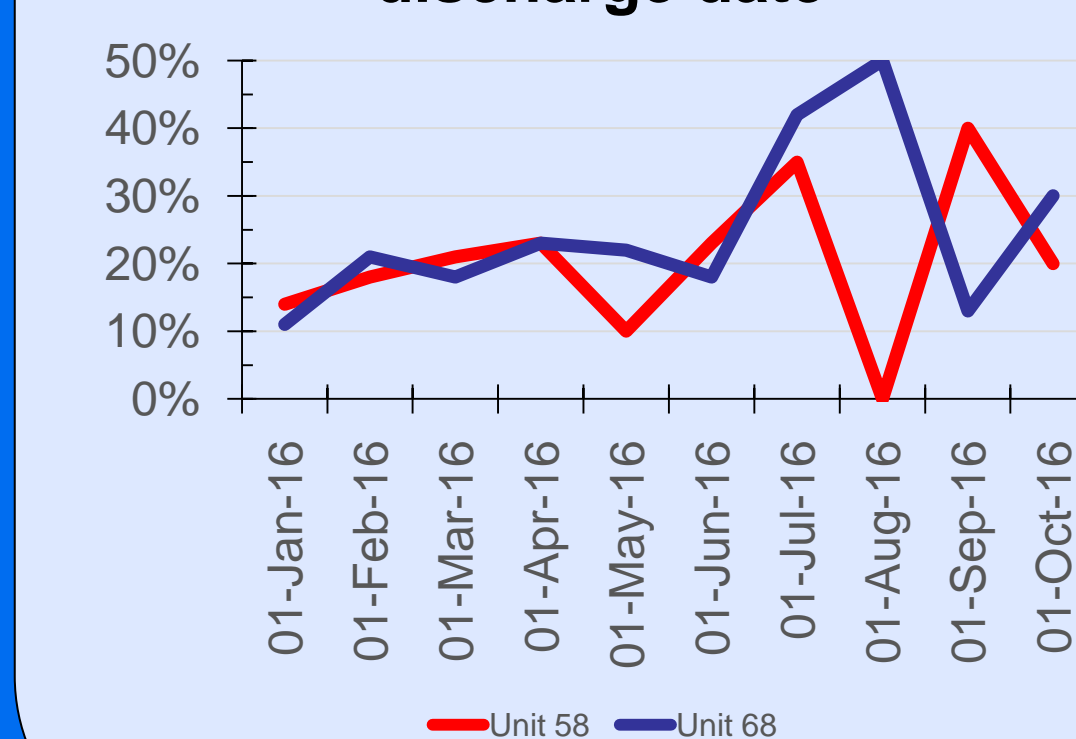
Length of Rapid Rounds has decreased to 29 to 48 minutes for 40 patients.

Rounds occur 7 days per week

Percentage of Visits with 1 or more ADOD Orders within 24 hours of admission by discharge month

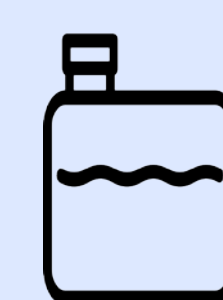


Percentage of Visits with 1 or more Conditional Discharge Orders by discharge date



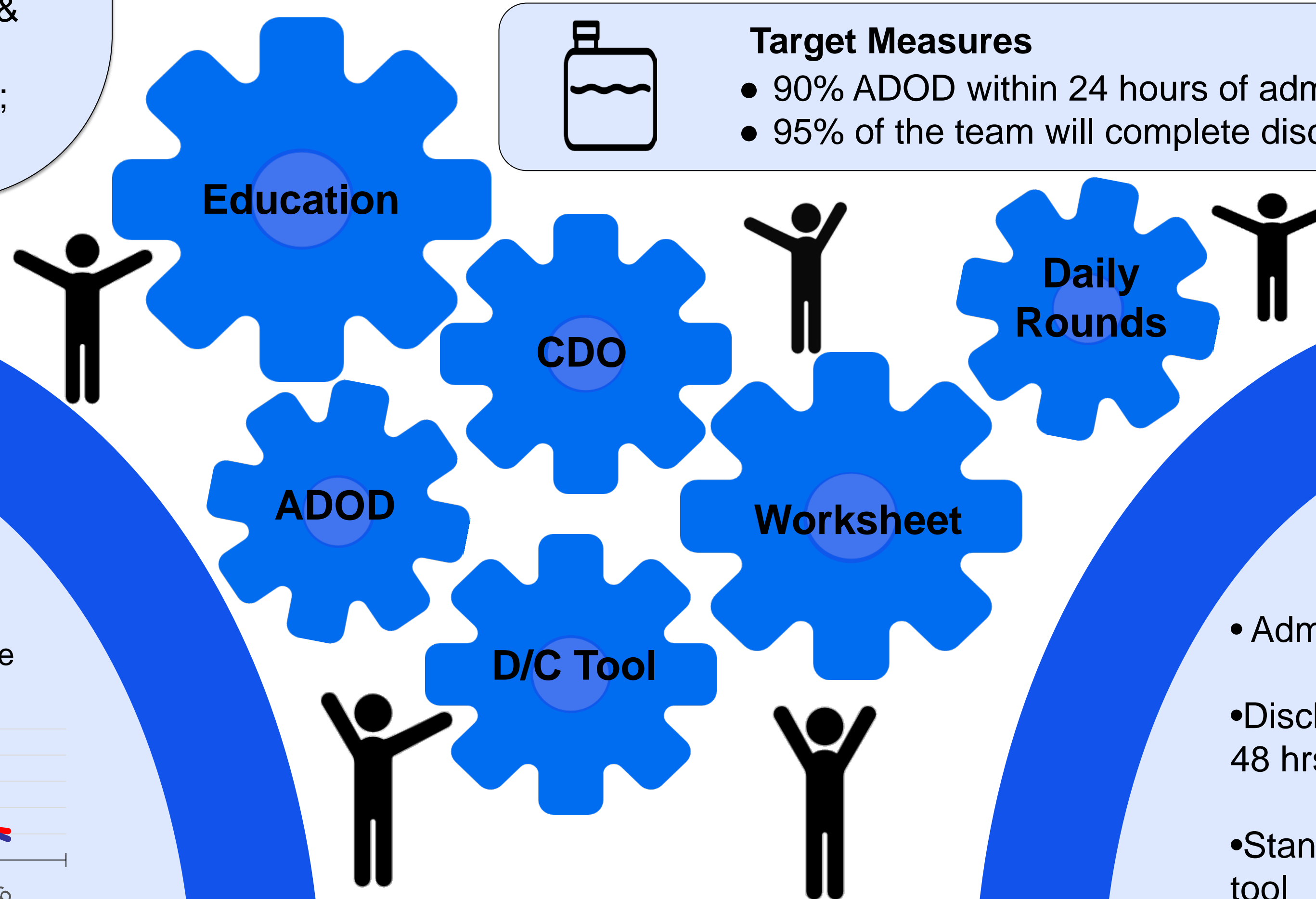
Learnings to date

- Ongoing audits and timely feedback to staff resulted in increased staff compliance.
- Leadership presence is required to reinforce and sustain the process changes on the units.
- Staff celebrations and recognition of ongoing successes reinforced changes.



Target Measures

- 90% ADOD within 24 hours of admission to the unit
- 95% of the team will complete discharge education session



Project Goals

- Time of discharge to 75% between 9 and 11am
- Weekend discharges to 28% of all discharges

Work in Progress

- Admission checklist revisions
- Discharge checklist initiated within 48 hrs of admission
- Standardized discharge readiness tool
- Unit Admission/Discharge guidelines
- RN Discharge Planning Toolkit
- Collaborative Care Team Education

Weekend/Time of Discharge Improvement work has started. Root cause analysis and barriers to discharge prior to 11am is in progress.

